RI SOS Filing Number: 202193680920 Date: 3/5/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

MAR 05 2021
B 2192 DS

1. Entity ID Number	2. Exact name of the Corporation		
001675094	**N.S. Welding and Mechanical Services, Inc.**		
3. Principal Office Address	City	State	Zip
490 South Main Street	**Pascoag**	**RI**	**02859**
4. NAICS Code: **999999**	6. Brief description of the character of business conducted in Rhode Island: **Welding and Mechanical Services.**		
5. State of Incorporation: **RI**			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Norman J. Soullier, III**			Vice-President Name: **Norman J. Soullier, Jr.**		
Street Address: **490 South Main Street**			Street Address: **10 Banas Lane**		
City: **Pascoag**	State: **RI**	Zip: **02859**	City: **Nasonville**	State: **RI**	Zip: **02830**
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	200	**CNP**	**0.0**

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Norman J. Soullier, III	2-9-21

Signature of Authorized Representative: Norman Soullier — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017